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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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#### FORM D

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# OC NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Filing Under (Check box(es) that apply):	imited Partnership	[ ] Rule 505	[X] Rule 506	6 [ ] Section 4(6)	[ ] ULOE
Type of Filing: [X] New Filing [ ]	Amendment				
	A. BASIC	DENTIFICATION	DATA		
Enter the information requested a	bout the issuer				
Name of Issuer ([ ] check if this is a <b>Novo Fund, LP</b>	an amendment and nam	ie has changed, ai	nd indicate char	nge.)	08021960
Address of Executive Offices (I	Number and Street, City	, State, Zip Code)	Telep	hone Number (Including	Area Code)
282 Spencer Creek Road, Fra	nklin, Tennessee 37	069		(615) 599-446	62
Address of Principal Business Opera (if different from Executive Offices)	ations (Number and Si	reet, City, State, Z	ip Code) Tel	ephone Number (Includir	
Brief Description of Business Private Investment Partnersh	ip				PROCI
Type of Business Organization				•	THOW
Type of business organization	IX I limited parts	ership, already for	med	[ ] other (please s	pecify): FINAN
	[X] infinited partit				
[ ] corporation		ership, to be forme	ed		
[ ] corporation [ ] business trust		• ·	onth Year		
[ ] corporation [ ] business trust	[ ] limited partn	• ·	onth Year	[X] Actual []	Estimated
[ ] corporation	[ ] limited partn	M [ <b>0</b> er U.S. Postal Ser	onth Year  1 ] [ 07 ]  vice abbreviation	n for State:	Estimated

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously

supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
    equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[ ] Executive Officer	[ ] Director	[X]	General and/or Managing Partner
Full Name (Last name first, it Novo Capital Managem	•					
Business or Residence Addr 282 Spencer Creek Roa	•		Code)	,		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, it	f individual)		andra andrahan adalah sadalah sadalah kebuah dalah sadalah sadalah sadalah sadalah sadalah sadalah sadalah sad		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addr 282 Spencer Creek Roa	•		Code)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, i	f individual)					

Business or Residence Address (Number and Stre	eet, City, State, Zip C	Code)								
Check Box(es) that Apply: [ ] Promoter [ ]	Beneficial Owner	[ ] Executive Officer	[] Director	[] General Managin						
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Str	eet, City, State, Zip C	Code)								
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General Managinal Managinal Promoter [ ] Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General Managinal Promoter [ ] Executive Officer [ ] Director [ ] General Managinal Promoter [ ] Executive Officer [ ] Director [ ] General Managinal Promoter [ ] Executive Officer [ ] Director [ ] General Managinal Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] General Promoter [ ] Executive Officer [ ] Director [ ] Director [ ] Executive Officer [ ] Director [ ] Dire										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Str	eet, City, State, Zip C	Code)				_				
Check Box(es) that Apply: [ ] Promoter [ ]	Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General Managir						
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Str	eet, City, State, Zip (	Code)								
(Use blank sheet, or copy	y and use additiona	l copies of this sheet,	as necessary.	)						
B. 1	INFORMATION ABO	OUT OFFERING								
Has the issuer sold, or does the issuer intend to	o sell, to non-accredi	ted investors in this offer	ing?	•	Yes [ ]	No [X]				
Answer als	so in Appendix, Colur	nn 2, if filing under ULO	Ξ.							
2. What is the minimum investment that will be ac	cepted from any indi	vidual?			\$1,00	00,000				
3. Does the offering permit joint ownership of a sir	ngle unit?				Yes [X]	No []				
4. Enter the information requested for each person commission or similar remuneration for solicitation person to be listed is an associated person or age states, list the name of the broker or dealer. If most broker or dealer, you may set forth the information	n of purchasers in co ent of a broker or dea re than five (5) perso	nnection with sales of se tler registered with the S ons to be listed are assoc	curities in the EC and/or with	offering. If a a state or	• •	••				
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Str	reet, City, State, Zip (	Code)								
Name of Associated Broker or Dealer										

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						Solicit Pu	rchasers			_		
•	"All States			-						•	] All States	
[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]
(MT)	[NE]	[NV]	(NH)	(NJ)	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR) [WY]	(PA) (PR)
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[44.1]	נרחן
	me (Last i											<u>.</u>
Busine	ss or Resi	dence Ad	dress (Nu	mber and	Street, City	y, State, Zi	p Code)					
Name	of Associa	ted Broke	r or Deale	r								<del> </del>
	in Which f "All States					Solicit Pu	rchasers			[	] All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[עד]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
Full Na	me (Last i	name first	, if individu	ıal)								·
Busine	ss or Resi	dence Ad	dress (Nu	mber and	Street, Cit	y, State, Zi	p Code)					
Name	of Associa	ted Broke	r or Deale	r								
	in Which f					Solicit Pu	rchasers			[	] All States	
[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]
(МТ)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
•		(Us	e blank s	heet, or c	opy and u	se additio	nal copie:	s of this sh	eet, as ne	cessary.)		
		C. OFI	FERING P	RICE, NU	MBER OF	INVESTO	RS, EXPE	NSES AN	USE OF	PROCEED	s	
already check	/ sold. Ent	er "0" if ar } and indic	nswer is "r cate in the	none" or "z	ero." If the	transactio	n is an exc	the total an change offe ities offered	ering,			
T <sup>,</sup>	ype of Sec	urity							(	Aggregate Offering Pr		ount Alread Sold
		•							\$	o <u> </u>		0
E	quity								\$	0	\$	0
			[ ]	Common	[ ]Pi	referred						
С	onvertible	Securities	(including	g warrants	)				\$	0	\$	0
Р	artnership	Interests							\$_		\$8	,160,000_
0	ther (Spec	;ify:				).			\$	0	\$	0
	Total								\$_		\$8	,160,000_

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Aggregate
Dollar Amount
Number Investors of Purchases

Accredited Investors	12	\$8,160,000
Non-accredited Investors	0	_\$0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information request securities sold by the issuer, to date, in offerings of the types indicated, the twelve (or or or to the first sale of securities in this offering. Classify securities by type listed in Question 1.	12) months	
Tune of offering	Type of Security	Dollar Amount Sold
Type of offering Rule 505	N/A	
Regulation A	N/A	
Rule 504		\$0
Total	N/A	
TOIAI	1VA	Φ0
expenditure is not known, furnish an estimate and check the box to the left of the es  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales Commissions (specify finders' fees separately)  Other Expenses (identify)  Total  D. Enter the difference between the aggregate offering price given in response to Patexpenses furnished in response to Part C - Question 4.a. This difference is the "adjuissuer."  5. Indicate below the amount of the adjusted gross proceeds to the issuer used or page 1	art C - Question 1 and total usted gross proceeds to the	[ ] \$
for each of the purposes shown. If the amount for any purpose is not known, furnish check the box to the left of the estimate. The total of the payments listed must equa proceeds to the issuer set forth in response to Part C - Question 4.b above.	an estimate and I the adjusted gross	
	Payments Officers.	s to
	Directors Affiliates	& Payments To Others
Salaries and fees	[] \$	[]\$
Purchase of real estate	[] \$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[] <b>\$</b>	[] \$
Construction or leasing of plant buildings and facilities	[ } \$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	[]	[]\$
pursuant to a merger)	[]	[]\$
Working capital	\$ []	
	\$ []	\$_8,091,250_
Other (specify):	\$	[]\$
	[]	[]\$

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Column Totals	[] \$_	0	<u> </u>	(X
Total Payments Listed (column totals added)		[X ]	\$_8,	091,250

### D. FEDERAL SIGNATURE

The issuer has duty caused this notice to be signed by the following signature constitutes an undertaking by the written request of its staff, the information furnished by Rule 502.	he issuer to furnish to the U.S. Securities an	id Exchange Commission, up
Issuer (Print or Type)	Signature // )	Date (
Novo_Fund,_LP	all L	- 1070
Name of Signer (Print or Type)	Title of Signer (Print or Type	2)
David B. Trainer	Managing Din	rector
	ATTENTION	

E. STATE SIGNATURE								
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
See Appendix, Column 5, for state response.								

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date	
Novo Fund, LP	5/1/2 /21/08	
Name of Signer (Print or Type)	Title (Print or Type)	
David B. Trainer	Managing Director	1
		j

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX**

	2 3 4							5	
	Type of security Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate  offering price Type of investor and amount purchased in State (Part C-Item 1)  (Part C-Item 2)				Disqualification under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	-	No
AL									
AK									
AZ									
AR									
CA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						<u> </u>		
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FL						1			
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ID					<u> </u>		 		[ [
IL		x	Limited Partnership Interests	1	\$160,000	0	0		x
IN									
IA									
KS									
KY									<u> </u>
LA					<u> </u>			1	
ME									
MD		1		1				<u> </u>	
MA					1				<u> </u>
MI				1		1	<u> </u>		
MN MS	<u> </u> 	<u> </u>			<u> </u>				] [
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MT	1				<u> </u>				
NE		<u> </u>				]			
NV							1		<u> </u>
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VA								l
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END